

<i>SERFF Tracking Number:</i>	<i>HART-125259737</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hartford Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025783</i>
<i>Company Tracking Number:</i>	<i>FF.15.001.2007.04</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>A-5970-2 (Ed. 10/07) Amendment of Policy Provisions - Arkansas</i>		
<i>Project Name/Number:</i>	<i>A-5970-2 (Ed. 10/07) Amendment of Policy Provisions - Arkansas/FF.15.001.2007.04</i>		

Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Property and Casualty Insurance Company of Hartford, Sentinel Insurance Company Limited, Trumbull Insurance Company, Twin City Fire Insurance Company, Hartford Fire Insurance Company, Hartford Accident and Indemnity Company

Product Name: A-5970-2 (Ed. 10/07) Amendment of Policy Provisions - Arkansas	SERFF Tr Num: HART-125259737	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: AR-PC-07-025783
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: FF.15.001.2007.04	State Status:
Filing Type: Form	Co Status: Initial Filing	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Authors: Joyce Driscoll, Claire Dubord, David Logan, Angela Isaac	Disposition Date: 08/16/2007
	Date Submitted: 08/13/2007	Disposition Status: Approved
Effective Date Requested (New): 11/02/2007		Effective Date (New): 11/03/2007
Effective Date Requested (Renewal):		Effective Date (Renewal):

General Information

Project Name: A-5970-2 (Ed. 10/07) Amendment of Policy Provisions - Arkansas	Status of Filing in Domicile:
Project Number: FF.15.001.2007.04	Domicile Status Comments:
Reference Organization: Insurance Services Office, Inc.	Reference Number: PP-2007-OEND1
Reference Title: Arkansas Revised Auto Endorsements Approved	Advisory Org. Circular: LI-PA-2007-160
Filing Status Changed: 08/16/2007	
State Status Changed: 08/14/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We herewith submit for approval Form A-5970-2 (Ed. 10/07) Amendment of Policy Provisions - Arkansas as described in the Explanatory Memorandum prepared by Nancy Daly, Product Consultant.	

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Company and Contact

Filing Contact Information

Joyce Driscoll, Filing Analyst	joyce.driscoll@thehartford.com
690 Asylum Avenue	(860) 547-3468 [Phone]
Hartford, CT 06055	(860) 547-5941[FAX]

Filing Company Information

Hartford Casualty Insurance Company	CoCode: 29424	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0294398	

Hartford Insurance Company of the Midwest	CoCode: 37478	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1008026	

Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	

Property and Casualty Insurance Company of Hartford	CoCode: 34690	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1276326	

Sentinel Insurance Company Limited	CoCode: 11000	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1552103	

Trumbull Insurance Company	CoCode: 27120	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property

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Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1184984	

Twin City Fire Insurance Company	CoCode: 29459	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0732738	

Hartford Fire Insurance Company	CoCode: 19682	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type:
690 Asylum Avenue		
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0383750	

Hartford Accident and Indemnity Company	CoCode: 22357	State of Domicile: Connecticut
690 Asylum Ave	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0383030	

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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
25510572	\$20.00	08/10/2007

State Specific

Check_No: 25510572
Check_Amt: \$20.00
Check_Rec: 08-14-2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/16/2007	08/16/2007

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Disposition

Disposition Date: 08/16/2007
Effective Date (New): 11/03/2007
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Amendment of Policy Provisions - Arkansas	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendment of Policy Provisions - Arkansas	A-5970-2	10/07	Endorsement/Amendment/Conditions	Replaced Form #: A-5970-1 (Ed. 12/05) Previous Filing #: FF.15.001.2005.03 Effective 11-01-2005	41.80	A-5970-2.pdf

AMENDMENT OF POLICY PROVISIONS - ARKANSAS

- I. The **DEFINITIONS** Section statement between Item C. and Item D. currently reads "Other words and phrases are defined. They are in quotation marks when used." This statement has been replaced with the following: "Other words and phrases are defined. They are boldface when used".
- II. **DEFINITIONS**
DEFINITIONS – Item J.5. is deleted.
- III. **PART A - LIABILITY COVERAGE - INSURING AGREEMENT** - Paragraph A. is replaced with:
INSURING AGREEMENT
A. We will pay damages for **bodily injury** or **property damage** for which any **insured** becomes legally responsible because of an auto accident. Damages include prejudgment interest awarded against the **insured**. We will settle or defend, as we consider appropriate, any claim or suit asking for these damages. In addition to our limit of liability, we will pay all defense costs we incur. Our duty to settle or defend ends when our limit of liability for this coverage has been exhausted by payment of judgments or settlements. We have no duty to defend any suit or settle any claim for **bodily injury** or **property damage** not covered under this policy.
- IV. **PART A - LIABILITY COVERAGE - OTHER INSURANCE** is replaced with:
OTHER INSURANCE
If there is other applicable liability insurance we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. Any insurance we provide for a vehicle you do not own, shall be excess over any other collectible insurance. However, we will provide primary insurance for a vehicle you do not own if:
 1. A duly licensed automobile dealer provides a vehicle to you or a **family member**:
 - a. For use as a temporary substitute while **your covered auto** is out of normal use because of its breakdown, repair or servicing; or
 - b. To demonstrate the vehicle; or
 2. The vehicle is rented or leased by you or any **family member** from a rental company for a period not more than 90 days.
- V. **PART B - MEDICAL PAYMENTS/PERSONAL INJURY PROTECTION COVERAGE (NO-FAULT) SECTION I MEDICAL PAYMENTS COVERAGE - INSURING AGREEMENT** - Paragraph A. is replaced with:
INSURING AGREEMENT
A. We will pay reasonable expenses incurred for necessary medical and funeral services because of **bodily injury**:
 1. Caused by accident; and
 2. Sustained by an **insured**.We will pay only those expenses incurred for services rendered within 3 years from the date of the accident.
- VI. **PART B - MEDICAL PAYMENTS/PERSONAL INJURY PROTECTION COVERAGE (NO-FAULT) SECTION I MEDICAL PAYMENTS COVERAGE - OTHER INSURANCE** is replaced with:

OTHER INSURANCE

If there is other applicable auto medical payments insurance we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. Any insurance we provide with respect to a vehicle you do not own, shall be excess over any other collectible auto insurance providing payments for medical or funeral expenses. However, we will provide primary insurance for a vehicle you do not own if:

1. A duly licensed automobile dealer provides a vehicle to you or a **family member**:
 - a. For use as a temporary substitute while **your covered auto** is out of normal use because of its breakdown, repair or servicing; or
 - b. To demonstrate the vehicle; or
2. The vehicle is rented or leased by you or a **family member** from a rental company for a period not more than 90 days.

VII. PART B - MEDICAL PAYMENTS/PERSONAL INJURY PROTECTION COVERAGE (NO-FAULT) SECTION II PERSONAL INJURY PROTECTION COVERAGE - INSURING AGREEMENT - Paragraph A. is replaced with: INSURING AGREEMENT

- A. We will pay personal injury protection benefits to or for an **insured** who sustains **bodily injury**. The **bodily injury** must:
1. Be caused by an accident; and
 2. Arise out of the maintenance or use of a **motor vehicle** as a **motor vehicle**.
- We will only pay those benefits for which either the word included, or a specific premium, is shown in the Declarations.

VIII. PART B - MEDICAL PAYMENTS/PERSONAL INJURY PROTECTION COVERAGE (NO-FAULT) SECTION II PERSONAL INJURY PROTECTION COVERAGE - OTHER INSURANCE is replaced with: OTHER INSURANCE

- A. Any insurance we provide for medical payments:
1. With respect to **bodily injury** sustained by any **family member**, shall be excess over any other collectible insurance available to that **family member** as a named insured under another motor vehicle insurance policy providing direct benefits without regard to fault.
 2. With respect to **bodily injury** sustained by an **insured**, other than the **named insured** or any **family member**, shall be excess over any other collectible similar insurance available to that **insured** as a named insured or family member under another motor vehicle insurance policy providing direct benefits without regard to fault.
- B. Except as provided in A. above, if there is other similar collectible insurance which provides coverage for medical payments, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. However, we will provide primary insurance for a **motor vehicle** you do not own if:
1. A duly licensed automobile dealer provides a **motor vehicle** to the **name insured** or a **family member**:
 - a. For use as a temporary substitute for any other **your covered auto** while it is out of normal use because of its:
 - (1) Breakdown
 - (2) Repair; or
 - (3) Servicing; or
 - b. To demonstrate the **motor vehicle**; or
 2. The **motor vehicle** is rented or leased by you or a **family member** from a rental company for a period not more than 90 days.
- C. No one shall be entitled to recover duplicate payments for medical payments for the same elements of loss.

- D. Any insurance we provide for work loss or accidental death shall be excess over any other collectible insurance available to:
1. An **insured**, other than the **named insured** or any **family member**, under another motor vehicle insurance policy. In this event, our maximum limit of liability will be the amount by which the applicable limit of liability shown in the Declarations exceeds the applicable limits of liability of all other insurance.
 2. The **named insured** or any **family member** under any other motor vehicle insurance policy. In this event:
 - a. The maximum recovery under all policies shall not exceed the highest limit of liability under any one policy.
 - b. We will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits.

However, we will provide primary insurance for a **motor vehicle** you do not own if:

1. A duly licensed automobile dealer provides a **motor vehicle** to the **named insured** or a **family member**:
 - a. For use as a temporary substitute for any other **your covered auto** while it is out of normal use because of its:
 - (1) Breakdown;
 - (2) Repair; or
 - (3) Servicing; or
 - b. To demonstrate the **motor vehicle**; or
2. The **motor vehicle** is rented or leased by you or a **family member** from a rental company for a period not more than 90 days.

IX. **PART C - UNINSURED/UNDERINSURED MOTORISTS COVERAGE - SECTION I UNINSURED MOTORISTS COVERAGE - INSURING AGREEMENT - Paragraph A.** is replaced with:

INSURING AGREEMENT

- A. We will pay compensatory damages which an **insured** is legally entitled to recover from the owner or operator of an **uninsured motor vehicle** because of:
1. **Bodily injury** sustained by an **insured** and caused by an accident; and
 2. **Property damage** caused by an accident if the Declarations indicates that bodily injury and property damage Uninsured Motorists Coverage applies.

The owner's or operator's liability for these damages must arise out of the ownership, maintenance or use of the **uninsured motor vehicle**.

Any judgment for damages arising out of a suit brought without our written consent is not binding on us.

X. **PART C - UNINSURED/UNDERINSURED MOTORISTS COVERAGE, SECTION I UNINSURED MOTORISTS COVERAGE - INSURING AGREEMENT - Paragraph C.** is replaced with:

INSURING AGREEMENT

- C. **Property damage** as used in this Part C, Section I means injury to or destruction of **your covered auto** (including its loss of use).

XI. **PART C - UNINSURED/UNDERINSURED MOTORISTS COVERAGE SECTION I UNINSURED MOTORISTS COVERAGE - LIMIT OF LIABILITY - Paragraph A.** is replaced with:

LIMIT OF LIABILITY

- A. The limit of Bodily Injury Liability shown in the Declarations for each person for Uninsured Motorists Coverage is our maximum limit of liability for all damages, including damages for care, loss of services or death, arising out of **bodily injury** sustained by any one person in any one accident. Subject to this limit for each person, the limit of bodily injury liability shown in the Declarations for each accident for Uninsured Motorists Coverage is our maximum limit of liability for all damages for **bodily injury** resulting from any one accident. The limit of Property Damage Liability, if shown in the Declarations for each accident for Uninsured Motorists Coverage, is our maximum limit of liability for all **property damage** resulting from any one accident. This is the most we will pay regardless of the number of:
1. **Insureds;**
 2. Claims made;
 3. Vehicles or premiums shown in the Declarations; or
 4. Vehicles involved in the accident.

XII. PART C - UNINSURED/UNDERINSURED MOTORISTS COVERAGES - SECTION I UNINSURED MOTORISTS COVERAGE - OTHER INSURANCE is replaced with:

If there is other applicable insurance available under one or more policies or provisions of coverage that is similar to the insurance provided by this endorsement:

1. Any recovery for damages under all such policies or provisions of coverage may equal but not exceed the highest applicable limit for any one vehicle under any insurance providing coverage on either a primary or excess basis.
2. Any insurance we provide with respect to a vehicle you do not own, shall be excess over any collectible insurance providing such coverage on a primary basis.
However, we will provide primary insurance for a vehicle you do not own if:
 - a. A duly licensed automobile dealer provides a vehicle to you or a **family member**:
 - (1) For use as a temporary substitute while **your covered auto** is out of normal use because of its breakdown, repair or servicing; or
 - (2) To demonstrate the vehicle; or
 - b. The vehicle is rented or leased by you or a **family member** from a rental company for a period not more than 90 days.
3. If the coverage under this policy is provided:
 - a. On a primary basis, we will pay only our share of the loss that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage provided on a primary basis.
 - b. On an excess basis, we will pay only our share of the loss that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage provided on an excess basis.

XIII. PART C - UNINSURED/UNDERINSURED MOTORISTS COVERAGE - SECTION II UNDERINSURED MOTORISTS COVERAGE - INSURING AGREEMENT - Paragraph A. is replaced with:

INSURING AGREEMENT

- A. We will pay compensatory damages which an **insured** is legally entitled to recover from the owner or operator of an **underinsured motor vehicle** because of **bodily injury**:
1. Sustained by an **insured**; and
 2. Caused by an accident.
- The owner's or operator's liability for these damages must arise out of the ownership, maintenance or use of the **underinsured motor vehicle**.
We will pay under this coverage only if 1. or 2. below applies:
1. The limits of liability under any bodily injury liability bonds or policies applicable to the **underinsured motor vehicle** have been exhausted by payment of judgments or settlements; or

2. A tentative settlement has been made between an **insured** and the insurer of the **underinsured motor vehicle** and we:
 - a. Have been given prompt written notice by certified mail, return receipt requested of such tentative settlement; and
 - b. Advance payment to the **insured** in an amount equal to the tentative settlement within 30 days after receipt of notification.However, if the owner or operator of the **underinsured motor vehicle** is insured by us for liability coverage, this Provision (2.) shall not apply, and an **insured** may proceed with his or her claim for damages under this coverage anytime after settlement of that **insured's** claim for damages under the liability coverage applicable to the owner or operator of the **underinsured motor vehicle**.

XIV. PART C UNINSURED/UNDERINSURED MOTORISTS COVERAGE - SECTION II
UNDERINSURED MOTORISTS COVERAGE - OTHER INSURANCE is replaced with:
OTHER INSURANCE

If there is other applicable insurance available under one or more policies or provisions of coverage that is similar to the insurance provided by this Part C Section II :

1. Any recovery for damages under all such policies or provisions of coverage may equal but not exceed the highest applicable limit for any one vehicle under any insurance providing coverage on either a primary or excess basis.
2. Any insurance we provide with respect to a vehicle you do not own shall be excess over any collectible insurance providing such coverage on a primary basis.
However, we will provide primary insurance for a vehicle you do not own if:
 - a. A duly licensed automobile dealer provides a vehicle to you or a **family member**:
 - (1) For use as a temporary substitute while **your covered auto** is out of normal use because of its breakdown, repair or servicing; or
 - (2) To demonstrate the vehicle; or
 - b. The vehicle is rented or leased by you or a **family member** from a rental company for a period not more than 90 days.
3. If the coverage under this policy is provided:
 - a. On a primary basis, we will pay only our share of the loss that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage provided on a primary basis.
 - b. On an excess basis, we will pay only our share of the loss that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage provided on an excess basis.

XV. PART D - COVERAGE FOR DAMAGE TO YOUR AUTO - INSURING AGREEMENT is replaced with:

INSURING AGREEMENT

- A. We will pay for direct and accidental loss to **your covered auto** or any **non-owned auto** , including their equipment, minus any applicable deductible shown in the Declarations. If loss to more than one **your covered auto** or **non-owned auto** results from the same **collision**, only the highest applicable deductible will apply. We will pay for loss to **your covered auto** caused by:
 1. **Other than collision** only if the Declarations indicate that Other Than Collision Coverage is provided for that auto.
 2. **Collision** only if the Declarations indicate that Collision Coverage is provided for that auto.

If there is a loss to a **non-owned auto** , we will provide the broadest coverage applicable to any **your covered auto** shown in the Declarations.

- B. Collision** means the upset of **your covered auto** or a **non-owned auto** or their impact with another vehicle or object.

Loss caused by the following is considered other than **collision**:

- | | |
|---------------------------------|-------------------------------------|
| 1. Missiles or falling objects; | 6. Hail, water or flood; |
| 2. Fire; | 7. Malicious mischief or vandalism; |
| 3. Theft or larceny; | 8. Riot or civil commotion; |
| 4. Explosion or earthquake; | 9. Contact with bird or animal; or |
| 5. Windstorm; | 10. Breakage of glass. |

If breakage of glass is caused by a **collision**, you may elect to have it considered a loss caused by **collision**.

- C. Non-owned auto** means:

1. Any private passenger auto, pickup, van or **trailer** not owned by or furnished or available for the regular use of you or any **family member** while in the custody of or being operated by you or any **family member**; or
2. Any auto or **trailer** you do not own while used as a temporary substitute for **your covered auto** which is out of normal use because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. Loss; or
 - e. Destruction.

XVI. PART D - COVERAGE FOR DAMAGE TO YOUR AUTO - OTHER SOURCES OF RECOVERY is replaced with:
OTHER SOURCES OF RECOVERY

If other sources of recovery also cover the loss, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. Any insurance we provide with respect to a **non-owned auto** shall be excess over any other collectible source of recovery including, but not limited to:

1. Any coverage provided by the owner of the **non-owned auto**;
2. Any other applicable physical damage insurance;
3. Any other source of recovery applicable to the loss;

However, we will provide primary insurance for a vehicle you do not own if:

1. A duly licensed automobile dealer provides a vehicle to you or a **family member**:
 - a. For use as a temporary substitute for **your covered auto** while it is out of normal used because of its breakdown, repair or servicing; or
 - b. To demonstrate the vehicle; or
2. The vehicle is rented or leased by you or a **family member** from a rental company for a period not more than 90 days.

XVII. PART F - GENERAL PROVISIONS - TERMINATION is replaced with:
TERMINATION

A. Cancellation

This policy may be cancelled during the policy period as follows:

1. The named insured shown in the Declarations may cancel by:
 - a. Returning this policy to us; or
 - b. Giving us advance notice of the date cancellation is to take effect.
2. We may cancel by mailing to the named insured shown in the Declarations at the address shown in this policy:
 - a. At least 10 days notice if cancellation is for nonpayment of premium; or
 - b. At least 20 days notice in all other cases.
3. When this policy is in effect for 60 days or more, or if this is a renewal or continuation policy, we will cancel only:
 - a. For nonpayment of premium; or
 - b. If the policy was obtained through material misrepresentation; or

- c. If your driver's license or that of:
 - (1) Any driver who lives with you; or
 - (2) Any driver who customarily uses **your covered auto**;
has been suspended or revoked. This must have occurred:
 - (1) During the policy period; or
 - (2) Since the last anniversary of the original effective date if the policy period is other than 1 year.

However, we may not cancel under Paragraph (A.3.c) solely because of the administrative suspension or revocation of the insured's driver's license due to the influence or use of alcohol or a controlled substance as set forth in ARK.CODE ANN. Section 5-65-104.

- B. **Nonrenewal.** If we decide not to renew or continue this policy, we will mail notice to the named insured shown in the Declarations at the address shown in this policy. Notice will be mailed at least 30 days before the end of the policy period. Subject to this notice requirement, if the policy period is:

- 1. Less than one year, we will have the right not to renew or continue this policy at the end of the policy period.
- 2. 1 year or longer, we will have the right not to renew or continue this policy at each anniversary of its original effective date.

- C. **Automatic Termination.** If we offer to renew or continue and you or your representative do not accept, this policy will automatically terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due shall mean that you have not accepted our offer.

If you obtain other insurance on **your covered auto**, any similar insurance provided by this policy will terminate as to that auto on the effective date of the other insurance.

- D. **Other Termination Provisions**

- 1. We may deliver any notice instead of mailing it. Proof of mailing of any notice shall be sufficient proof of notice.
- 2. If this policy is cancelled, you may be entitled to a premium refund. If so, we will send you the refund. If we cancel, we will refund you the pro rata unearned premium. If you cancel, we will refund you 90% of the pro rata unearned premium.

However, we will refund you the full pro rata unearned premium if:

- a. You cancel this policy because:
 - (1) You have disposed of **your covered auto**, and you insure another auto with us under a new policy, to become effective within 30 days of the effective date of cancellation of this policy; or
 - (2) **Your covered auto** has been repossessed under the terms of a financing agreement; or
 - (3) You are entering the armed forces of the United States of America; or
 - (4) **Your covered auto** was stolen or destroyed, and you request cancellation:
 - (a) Within 30 days following the date **your covered auto** was stolen or destroyed; or
 - (b) Within 15 days of the time we determined **your covered auto** was destroyed, or if stolen, to be unrecoverable.
- b. You cancel this policy but there remains in force with us a policy in your name insuring another auto.
- c. This policy is written for a term of greater than one year and you cancel the policy after it has been in effect for one year.

Making or offering to make the refund is not a condition of cancellation.

- 3. The effective date of cancellation stated in the notice shall become the end of the policy period.

XVIII. PART F - SNOWMOBILE COVERAGE - has been replaced with:

SNOWMOBILE COVERAGE

If the Snowmobile endorsement is attached to this policy, the provisions of the Snowmobile endorsement apply except as follows:

Paragraph **D.** of the **Definitions** Section is replaced by the following:

D. The term **your covered auto** is replaced by the term **your covered snowmobile**. "**Your covered snowmobile**" means:

1. Any **snowmobile** shown in the Schedule or in the Declarations.
2. Any **snowmobile** on the date you become the owner. This provision applies only if you:
 - a. Acquire the **snowmobile** during the policy period; and
 - b. Ask us to insure it within 20 days after you become the owner.
3. Any **snowmobile** you do not own while used as a temporary substitute for any other **snowmobile** described in the definition which is out of normal use because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. Loss; or
 - e. Destruction.

This Provision **(3.)** does not apply to **Coverage For Damage To Your Auto**.

Nothing in this endorsement shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

<i>SERFF Tracking Number:</i>	<i>HART-125259737</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hartford Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025783</i>
<i>Company Tracking Number:</i>	<i>FF.15.001.2007.04</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>A-5970-2 (Ed. 10/07) Amendment of Policy Provisions - Arkansas</i>		
<i>Project Name/Number:</i>	<i>A-5970-2 (Ed. 10/07) Amendment of Policy Provisions - Arkansas/FF.15.001.2007.04</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125259737 State: Arkansas
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: AR-PC-07-025783
Company Tracking Number: FF.15.001.2007.04
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: A-5970-2 (Ed. 10/07) Amendment of Policy Provisions - Arkansas
Project Name/Number: A-5970-2 (Ed. 10/07) Amendment of Policy Provisions - Arkansas/FF.15.001.2007.04

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/16/2007

Comments:
Attached is the Uniform Transmittal Document-Property & Casualty.
Attachment:
PC-TD-1 2007 FF15001200704.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 08/16/2007

Comments:
Attached is the Explanatory Memorandum.
Attachment:
AR Explanatory A-5970-2 .pdf

Property & Casualty Transmittal Document


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">New Business</td> <td style="border: none; width: 100px;"></td> </tr> <tr> <td style="border: none; text-align: center;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
Hartford Casualty Ins.Co.	Indiana	00914-29424	06-0294398	
Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
Trumbull Ins. Co.	Connecticut	00914-27120	06-1184984	
Property & Casualty Ins. Co. of Hartford	Indiana	00914-34690	06-1276326	
Sentinel Insurance Company, Ltd.	Connecticut	00914-11000	06-1552103	

5. Company Tracking Number	FF.15.001.2007.04
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Joyce Driscoll, Technical Services, T-1-54	Filing Analyst			
	Hartford Plaza, Hartford, CT 06115		860-547-3468	860-547-5941	Joyce.Driscoll@TheHartford.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Joyce Driscoll		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.1, 21.1 Private Passenger Automobile
10. Sub-Type of Insurance (Sub-TOI)	Automobile
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	PC
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 11-02-2007 Renewal:
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	Insurance Services Office, Inc.
17. Reference Organization # & Title	PP-2007-OEND1 - Revised Auto Endorsements Approved
18. Company's Date of Filing	August 13, 2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	FF.15.001.2007.04
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We herewith submit for approval Form A-5970-2 (Ed. 11/07) Amendment of Policy Provisions - Arkansas as described in the Explanatory Memorandum prepared by Nancy Daly, Product Consultant.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 25510572
Amount: \$20.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

EXPLANATORY MEMORANDUM

ARKANSAS

PRIVATE PASSENGER AUTOMOBILE

Hartford Fire Insurance Company
Hartford Accident and Indemnity Company
Hartford Casualty Insurance Company
Hartford Underwriters Insurance Company
Twin City Fire Insurance Company
Property and Casualty Insurance Company of Hartford
Trumbull Insurance Company
Hartford Insurance Company of the Midwest
Sentinel Insurance Company, Ltd.

RE: Form A-5970-2 (Ed. 11/07) Amendment of Policy Provisions - Arkansas

We herewith file for approval Form A-5970-2 (Ed. 11/07) – Amendment of Policy Provisions – Arkansas, which replaces Form A-5970-1 (Ed. 12/05) – Amendment of Policy Provisions – Arkansas.

In response to 2007 Ark. Acts 373 (former H.B. 2243), ISO Filing Designation Number PP-2007-OEND1, we have revised Form A-5970-2 to be in compliance.

This form is also being revised to amend the PAP98 Booklet 8403, Part F – General Provisions, Section A.1.b of the Termination Provision to inform the insured that “written” notice is no longer needed to cancel their policy.

A copy of the form is enclosed for your review. We propose to use this form effective November 2, 2007 and later.

Respectfully submitted:

Nancy Daly

Nancy Daly
Product Consultant, Personal Lines
The Hartford Financial Services Group